

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>9/20/04</u>		2 Serial/Patent # <u>10/257530</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/>	Filing		\$							
<input type="checkbox"/>	Amendment		\$							
<input checked="" type="checkbox"/>	Extension of Time	<u>15</u>	<u>7/12/04</u> \$ <u>475</u>							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND								
		\$								
10 REASON:		8 TO BE REFUNDED BY:								
<input type="checkbox"/>	Overpayment	Treasury Check								
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:								
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>5</td><td>0</td><td>--</td><td>0</td><td>4</td><td>7</td><td>6</td> </tr> </table>		5	0	--	0	4	7	6
5	0	--	0	4	7	6				
<u>Extension Submitted after extendable period</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: <u>Patent Examiner</u>								
SIGNATURE: <u>Sherry D. Brinkley</u>		PHONE: <u>305-9282</u>								
OFFICE: <u>Patent</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Alicia Kelly</u>		DATE: <u>9/21/04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B